

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

B_{I4} HLRSC

'05 MAR 23 P12:54

STATE OF HA WAR

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PART I LOBBYIST** NAME(Last) (First) (Middle) **TELEPHONE** Botti C. Richard (808) 479-7966 MAILING ADDRESS (Street) FAX 677 Ala Moana Blvd., Suite 815 (808) 599-2606 (City) (State) (Zip Code) Honolulu Hawaii 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** (808) 533-6750 LEGISLATIVE INFORMATION SERVICES OF HAWAII, INC. MAILING ADDRESS (Street) FAX (808) 599-2606 677 Ala Moana Blvd., Suite 815 (City) (State) (Zip Code) Honolulu Hawaii 96813

PART II ORGANIZATION				
			TELEPHONE (916) 376-0990	
Hoffmann-La Roche Inc.				
MAILING ADDRESS (Street)			FAX (916) 376-0991	
7485 Rush River Driver #710				
(City)	(State)	(Zip C	p Code)	
Sacramento,	CA	95831	95831	
Gadramento,		00001		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE (016) 376-0990	
Sedrick Spencer			***	
Sounds Spender				
MAILING ADDRESS (Street)			FAX (916) 376-0991	
7485 Rush River Driver #710				
7400 Rush Rush Billor W710				
(City)	(State)		Code)	
Sacramento,	CA	95831		

PART III DESCRIPTION	OF SUBJECTS UPON WHICI	H YOU EXPECT TO LORBY		
[] Agriculture [] Communications & Public Utilities [X] Consumer Protection & Commerce [] Culture, Arts, Historic Preservation [] Ecology, Energy Environmental Protection	 [X] Education [X] Government Operations & Finance [] Hawaiian Affairs [X] Health [] Housing 	 [X] Human Services [X] Intergovernmental Relations International Affairs [] Labor & Employment [] Planning, Land & Water Use Management [] Public Safety & Corrections 	[X] Science, Technology & Economic Development	
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. 31-05				
Juli- Car	(Signature of Lobbyist)	the state of the s	(Date)	
	(e.g. a.a. o a zoody, ocy		(50.0)	
NAME Sedrick Spencer NAME OF ORGANIZATION (if approximately life appr		TITLE OF AUTHORIZING OFF	TELEPHONE (916) 376-0991	
MAILING ADDRESS (Street)	The state of the s		FAX (916) 376-0991	
7485 Rush River Driver #710				
(City) Sacramento,	(State) CA	(Zip C 95831		
I hereby authorize the	above - named person to enga		Sehalf of the undersigned.	
(Sign a	ture of Authorizing Officer or Person	Represented)	(Date)	